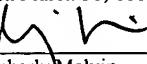




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By:	 Kimberly Melvin

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/050,219	Confirmation No.:	6395
Applicant	:	SUNDAR et al.		
Filed	:	January 14, 2002		
TC/A.U.	:	1762		
Examiner	:	CHEN, Bret P.		
Docket No.	:	PA905		
Customer No.	:	28390		
Title	:	Stent, Delivery System, Devices, and Method for Coating		

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT (CFR 1.121)

Sir:

In response to the Office Action mailed March 22, 2005, please amend the above-identified application as set forth below.

**Amendments to the Specification** begin on page two (2) of this paper.

**Remarks/Arguments** begin on page three (3) of this paper.

**An Appendix** including amended Abstract is attached as page four (4) of this paper.



1 FW 1762

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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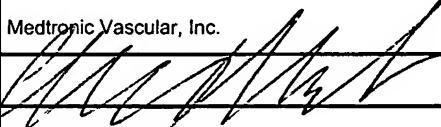
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Total Number of Pages in This Submission

Application Number	10/050,219
Filing Date	January 14, 2002
First Named Inventor	SUNDAR et al.
Art Unit	1762
Examiner Name	CHEN, Bret P.
Attorney Docket Number	PA905

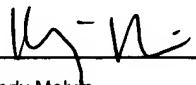
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <input type="checkbox"/> Return Postcard
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Alan M. Krubiner		
Date	March 31, 2005	Reg. No.	26,289

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Typed or printed name	Kimberly Melvin		Date March 31, 2005

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